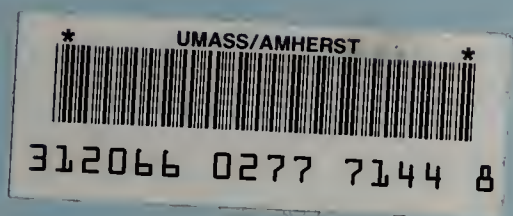


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DEVELOPMENTAL DISABILITIES/SUBSTANCE ABUSE

A Blueprint for Community Solutions

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Community Partnerships, Inc.

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COMMUNITY PARTNERSHIPS, INC.

How to Organize Your Community To Better Meet the Needs of People With Developmental Disabilities/Substance Abuse (DD/SA)

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I. Introduction

The Problem

Substance abuse as defined in this document refers to abuse of alcohol and illegal drugs, such as marijuana, heroin, designer drugs, cocaine and nicotine. It has been identified as a major community issue that impacts every age, ethnic and economic group in our area. Taunton also has a significant population of people with mental retardation and developmental disabilities living in our community, due in part to the gradual phase-down of a large institution for people with mental retardation (MR).

As community members, people with mental retardation/developmental disabilities (MR/DD) have increased opportunities – with proper supports – to expand friendships, be in control of where they live, chose who to live with (if anyone) and who will support them (and how). They increase their chances of getting good jobs, taking terrific vacations, getting married. But there is a price to pay. People with MR/DD pay taxes if they work or own homes. They must treat their “hired” help in a responsible manner, or risk legal repercussions. They must pay their rent/mortgage or risk eviction/foreclosure. And, despite the best safeguards, they are exposed to alcohol abuse and illegal drugs.

In Taunton, we have long recognized the difficult task of meeting the needs of people who are labeled “MR/DD Substance Abusers”. For many years now, Community Partnerships, Inc. has supported these individuals. Although this combination certainly must qualify as “low incidence”, it is “high impact” on the lives of individuals and those who are close to them. Their supports are complex and time consuming. Ignoring their situation costs our “systems”, as well as the individuals and their families, huge amounts of money. We bring together representatives from various “systems” that usually do not meet. These new partners literally needed to learn to speak each other’s “language”. (Ex: “Enable” is a very positive term for someone in the developmental disabilities (DD) system, but it means something quite different to someone in the Substance Abuse system.) It works because of the relationships that have been fostered over time.

“Developmental Disabilities/Substance Abuse: A Blue Print for a Community Solution” has been prepared as a community organizing tool. It may be utilized in its entirety, or in part. Should the reader have a specific interest area, (i.e. Department of Mental Retardation, Department of Public Health, probation, police, health & human service provider or education), a contact list of involved individuals has been provided in Chapter IV of this manual.

Solution found in broad collaboration

For 8 years, Community Partnerships, Inc. (CPI) has been consciously working on a community solution to this issue that is very fundamentally a systems change in the greater Attleboro/Taunton area. Early on we recognized that the person with developmental disabilities who was also a substance abuser (DD/SA) was perhaps more harmed than helped if their support was isolated to just the developmental disabilities “system”. We knew that we needed to address their needs in a broader, more inclusive way, tapping into generic community resources. We initiated what has now developed into a deep collaboration amongst key representatives of the developmental disabilities, substance abuse, mental health, criminal justice and educational systems in our communities. We have numerous forums throughout the year, some Community Partnerships, Inc. initiated, others in which Community Partnerships, Inc. actively participates, that allow us to concentrate our combined expertise for the benefit of these individuals.

This collaboration benefits many people. Staff in the developmental disabilities, substance abuse, mental health, Criminal Justice and Educational systems will be better able to plan prevention and intervention efforts with their collaborative partners. People with DD/SA will benefit by having a better chance of receiving effective community supports. And, because the collaboration happens within an inclusive

setting, emphasizing generic community resources, substance abusers without developmental disabilities also benefit.

The Necessary Collaborators

Because it is likely that every community - barring the most isolated and remote of areas - can access and invite the necessary collaborators, we are convinced that we have instituted an approach that can, and should, be replicated. Solutions are found in every community; they all have representatives of the Department of Mental Retardation (DMR), the Department of Public Health (DPH), probation, police, community providers, a local school system and an area United Way.

Although it takes time to establish relationships between the mentioned areas, such a collaboration can be built through the understanding of one another's limitations, jobs and mutual trust.

II. The Ongoing Collaborations

Substance Abuse Roundtable (SART)

Theme: This annual event brings together key players from all the local systems for a daylong event. The recently held the Substance Abuse Round Table VII, “From Incarceration to Community Re-Entry”, attracted more than 116 people including students, police, parole, education and career placement personnel, community corrections, landlords, Sheriff’s Office, churches, prison personnel, former inmates, court, people from dozens of area and state agencies, elected officials, etc. The keynote speaker was Tim App, Executive Director, Massachusetts Parole Board.

How it helps people with DD/SA: The event brings together representatives from the developmental disabilities, substance abuse, education and criminal justice systems.

Support funding:

- Community Partnerships, Inc., and other community providers
- Representative Payee program
- The Greater Taunton Health & Human Service Coalition (GTHHSC)
- The Greater Attleboro/Taunton Health & Education Response (GATHER)
- United Way
- Department of Mental Retardation Minigrants
- Local bank charitable foundations
- The Governor’s Alliance Against Drugs
- City of Taunton
- Community Counseling of Bristol County (CCBC)
- Massachusetts Developmental Disabilities Council (MDDC)

Composition of this group:

- Department of Mental Retardation (DMR)
- Department of Public Health (DPH)
- Probation
- Police
- Community Providers
- Community members, adult and student
- Local school system
- Local United Way
- Correction System
- Massachusetts Parole Board
- Department of Transitional Assistance (DTA)
- Department of Youth Services (DYS)
- Massachusetts Rehabilitation Commission

Safe Neighborhoods Initiative (SNI)

Theme: The commitment of member agencies to a foster safe environment within the community served.

How it helps people with DD/SA: In addition to the Steering Committee, the following committees address particular issues.

- The Criminal Justice Committee focuses primarily on juveniles with the allied services of the Department of Youth Services and the Department of Social Services.
- In regards to high-risk youth, the Treatment and Prevention Committee advocates for and develops programs that address the needs of the substance abusing population.
- The Education Committee develops and identifies areas of school law and other issues that relate to the safety of students and school personnel.
- The Neighborhood Revitalization Committee identifies the needs within the community and assists to facilitate community problem solving in order to enhance the quality of life in those identified neighborhoods.

Support funding:

- The City of Taunton
- Grants from state and federal sources
- Private donations

Composition of this group: The Taunton initiative is unique in that the staff of the Department of Human Services and the Safe Neighborhood Initiative Steering Committee, and not a policing entity, coordinates the programming. Under the umbrella of the Steering Committee are four working committees that are responsible for setting goals and the development of innovative programs to address the goals.

The Steering Committee is comprised of:

- Department of Human Services
- Mayor's Office
- Taunton Police Department
- Taunton Public Schools
- Bristol-Plymouth Regional School District
- Adult and Juvenile Probation
- District and Superior Court
- District Attorney's Office
- Mayor's Office of Community Development
- Department of Youth Services
- Clergy
- Social and Human Service Agencies

Community Drug Education Program (CDE)

Theme: This 3-part program is held three times a year, with the Probation Department of the Taunton District Court. Probation & Community Partnerships, Inc does the coordination. It is an educational program for first-time offenders arrested on drug-related charges. Representatives from at least six local organizations donate their time to meet with 120 people annually, with and without developmental disabilities, who are often first-time drug-related offenders.

How it helps people with DD/SA:

- It helps individuals become responsible for their lives
- It helps them get the support they need and avoid the corrections system
- It provides insight for the participants to internalize their behavior
- It assists participants in responsible decision-making.
- It provides factual information on the effects of drug use on the mind and body.

Support funding:

- In the past, the Department of Mental Retardation provided a stipend for use of the meeting facility.
- In 2001, the Bristol County Community Corrections Center, located adjacent to the Taunton District Court, began hosting this program.
- All other costs are borne by the presenters and coordinators.
- There is no cost to the individuals who are either court ordered or who have volunteered to participate in the series.

Composition of this group:

- Human service and treatment professionals of the Greater Taunton area, in residential and non residential programs
- Taunton Public School System
- Raynham Fire Department
- Volunteers in recovery

<u>Substance Abuse/Addictions Committee (SA/A)</u>

Theme: This is a broad based community effort that meets monthly. The merged committee consists of the Greater Taunton Health & Human Service Coalition (GTHHSC) Substance Abuse Committee and CHNA#24's (Greater Attleboro Taunton Health & Education Response, GATHER) Addictions Committee. Before the merge, the Addictions committee of GATHER mission stated it's commitment to engaging parents, caretakers and teachers in workshops that enhance skills that foster healthy behavior in youth.

How it helps people with DD/SA: The committee has strong representation by people with a commitment to the issue of DD/SA.

Its goals are:

- To make treatment available
- To prevent substance abuse problem
- To reduce substance use and abuse
- To network and coordinate available substance abuse resources
- To identify problem areas in service delivery
- To share knowledge of new programs, funding sources and upcoming educational programs that relate to substance use and abuse
- To offer and facilitate the workshop *Parents Making a Difference* (Preparing for the Drug Free Years) in the Greater Attleboro/Taunton area. The committee and those working on *Parents Making a Difference* have a desire to offer the parent training program to families of Community Partnerships, Inc. clients.

Support funding:

This recently merged committee currently receives Department of Public Health funding. In the past, the GATHER Addictions Committee received Department of Public Health funding, a specific Department of Mental Retardation grant and funding from Citizens Against Nicotine.

Composition of this group:

- | | |
|--|--|
| <ul style="list-style-type: none">• Community Partnerships, Inc.• Headstart• Department of Public Health• Department of Human Services• Department of Social Services• Social Security Administration• Taunton District Court• Probation• Attleboro, Berkley, Bridgewater,
Dighton-Rehoboth, Lakeville,
Mansfield, Middleboro, Taunton School
Systems• CCBC• Taunton State Hospital• Council on Aging• New Center for Legal Advocacy• Taunton Reaching Youth• Taunton Residents• Peer (student) leaders• Attleboro and Taunton Police
Department | <ul style="list-style-type: none">• Taunton Fire Department• Community Care Services• North Cottage Program• Caritas Norcap Lodge• South Bay Mental Health Center• Massachusetts Prevention Center• American Cancer Society• Tobacco Control• New Hope• High Point Treatment• Department of Medical Assistance• MADD• 44 Liquors• 8 Town BOH• Youth Action Alliance• DMR• DMA• DYS• School-based Health Center |
|--|--|

Case Conference Team Meetings (CCT)

Theme: Community Partnerships, Inc. coordinates this local effort to deal with the most intractable situations of people with DD/SA who may also be court-involved.

How it helps people with DD/SA: This piece of our effort has generated a bit of controversy at the state level with Department of Mental Retardation because of potential issues of confidentiality, human rights, etc. It is critical as a resource to staff and families as well as a safeguard to both the community and the people we are all trying to support. The interdisciplinary team meets to discuss and advise on very difficult situations. Great care is taken to be respectful and to protect confidentiality while still using this tool.

Support funding:

- The United Way of Greater Attleboro/Taunton
- Department of Mental Retardation
- Fees from the Representative Payee Program.

Composition of this group:

- Community Partnerships, Inc. Substance Abuse Specialist and Executive Director
- Probation
- Community police
- Department of Mental Retardation psychologist
- Clinicians from two local mental health/substance abuse treatment agencies
- Representatives from local provider agencies, sometimes
- Family members, sometimes
- Taunton/Attleboro Crisis Unit

DPH Regional Training Committee

Theme: This group is dedicated to providing low-cost, quality, substance abuse training opportunities to inform systems as to the service needs and best practices and to ensure credentialing of human service providers.

How it helps people with DD/SA:

- The Committee has/will complete the following trainings:
- Building Bridges: Integrating Human Immunodeficiency Virus (HIV) Medical Care and substance abuse
- Relapse Prevention and the Criminal Justice Client
- Record Keeping and Treatment Planning
- Hepatitis C
- Common Thread: An all day Mental Retardation/Department of Public Health/Probation training in May, to bring together clinicians and probation officers for all of southeastern Massachusetts.
- The Committee contracts with AdCare to do most of the statewide trainings. Their curriculums are put out every 6 months, which makes them both current and useful for the benefit of providers and clients.
- The Committee works with AdCare, giving input.
- In addition to the AdCare trainings, the regional committee does more specific trainings for this particular region.
- The committee's representation comes from the different modalities around substance abuse issues.

Support funding: The Department of Public Health Bureau of Substance Abuse Services (BSAS) makes funds available to the regional training committees or provider associations for trainings. Each region of the state gets about the same amount of dollars, with some latitude in how it is spent.

Composition of this group:

- Catholic Charities
- AdCare Educational Institute
- Community Partnerships, Inc.
- Anchor House
- ComCare
- North Cottage Program
- Gosnold (Cape Cod Alcohol Intervention Rehabilitative Unit)
- High Point
- Community Counseling of Bristol County
- Parole

DMR Statewide Mental Retardation/Substance Abuse Task Force

Theme: To keep current of resources and access to treatment programs that would be available to mentally retarded adults in all modalities of treatment, such as detox and outpatient. Also to advocate for treatment services where there are barriers or no access.

How it helps people with DD/SA:

- Members from each region are independently pursuing links with the Prevention Centers in their areas for resource materials.
- The groups will explore a jointly sponsored or collaborative all day workshop in the spring of next year to assist staff from DPH BSAS and DMR in identifying and preventing risks associated with substance abuse issues for Department of Mental Retardation consumers.
- The group will continue to work with the Bureau of Substance Abuse Services and possibly other agencies to identify and expand available services for people with mental retardation who have substance abuse problems.

Support funding: There is no direct funding. People come during their business day, and Jan O’Keefe, Department of Mental Retardation, facilitates and supplies administrative support.

Composition of this group:

- Social workers
- Nurses
- Psychologists
- A wide range of social and human services providers
- Department of Mental Retardation provider representatives and state employees.

Healthy Helpers: Support Group for Professionals in the Lives of Addicts

Theme: This periodic effort is designed to support Community Partnerships staff and Department of Mental Retardation Service Coordinators. Family members of people with DD/SA have also participated.

How it helps people with DD/SA: This has been crucial in helping Community Partnerships, Inc. recognize how interactions often enable people with DD/SA to continue to drink and/or use drugs. It is very difficult for people who are trained to be “caring” in the developmental disabilities system to recognize that they are often actually harming people by enabling the continuation of substance abuse.

Support funding:

- Department of Mental Retardation minigrant funded the initial facilitator.
- Between the original and current facilitator, Margaret Pike, High Point Treatment Center, provided the service without charge.
- Community Partnerships, Inc. (the Representative Payee Program currently funds the facilitator)

Composition of this group: Community Partnerships, Inc., DMH staff and Department of Mental Retardation Service Coordinators. Family members of people with DD/SA have also participated.

Representative Payee Program

Theme: Individuals who can’t manage funds are referred to the program by a governmental agency, such as the Social Security Administration, family members, or the individuals themselves. They are helped in the management of their government funds to provide them with the basics: food, clothing and housing. Any extras, such as cable TV or cigarettes, for example, become negotiable with the client, as far as managing their money. Community Partnerships, Inc. staff meets regularly with clients to talk about basic needs and to negotiate the extras. The program also supplies Social Security (SS) and Social Security Income (SSI) leverage for people who don’t want to comply. Those supports include a great number of people who are alcohol or drug addicts.

How it helps people with DD/SA: Approximately half the individuals have or have had substance abuse problems, and about 10 of that half have developmental disabilities. This program improves quality of life for many Taunton area residents who are addicts, including people labeled “DD/SA”.

- It meets their basic needs (Watch out for the “enabling” factor) while introducing financial accountability into the lives of these folks.
- It allows access to the Social Security Administration’s work incentives programs that could be crucial for someone hoping to move on in life.
- Community Partnerships, Inc. staff also works as a referral/linkage agency, identifying and making available other resources, such as helping clients access public transportation, reduced phone & light bills, adult basic education opportunities, clothing, furniture and heating assistance through Citizens For Citizens. This program improves clients’ quality of life.

Support Funding: In the Greater Attleboro/Taunton area, funding included:

- Department of Mental Retardation Supported Living contract. (Of the 153 served, 40 are supported by this)
- Representative Payee dollars
- Department of Mental Health
- Other agencies (20 are supported by 2 different counseling agencies)
- Our local United Way.
- Fees

Composition of this group: One full time and one part time staff member at Community Partnerships, Inc. who confer with referral or support agencies.

Crisis Intervention Team

Theme: This newly established training team gives police, hospitals and other health workers tools to de-escalate a situation involving individuals with mental health issues, while presenting the protective rights of both the provider and the consumer.

How it helps people with DD/SA: This training will help local police departments and local health care agencies aware of the unique needs of DD/SA individuals, and the criteria for categorizing an offence as either a criminal or mental health issue. The de-escalation training encourages sensitivity to individuals with special needs. The team will make trainings available to local police departments and local health care agencies.

Support Funding: DMR, initial coordinating from United Way and MDCC

Composition of this group: Probation, DMR, Community Police, DMH Crisis Team.

Community Re-Entry Initiative

Theme: This initiative is a follow-up to the SARTVII. Its goal is to provide seamless services to individuals reentering the community, beginning at the time of incarceration, and continuing during community integration.

How it helps people with DD/SA: Prison statistics show that 15% of the population has mental health issues, 85% of all inmates having Substance Abuse issues and 70% fall within the 2 lowest percentages for literacy. . Passionate, intensive engagement of clients with the various systems in the community is required after release to reduce recidivism.

Support Funding: CPI, United Way, DMR, Community Corrections Center, Taunton District Court Probation

Composition of this group: Police, MDDC, Crime & Justice Institute, Probation, Parole, CPI, High Point, CCBC, DMR, DHS, DPH

Developmental Disabilities/Substance Abuse Specialist

Theme: This is a three-quarter time position. Responsibilities include chairing a monthly case conference team to review complex situations involving DD/SA, coordinating the establishment and operation of a local Co-Dependency group which includes agency and Department of Mental Retardation staff, coordinating the Community Drug Education program, coordinating the annual Substance Abuse Round Tables, and participating in the existing efforts.

How it helps people with DD/SA:

- The specialist is familiar with the dynamics of and resources for people with developmental disabilities who are also substance abusers.
- She consults with local (Taunton/Attleboro) developmental disabilities service providers, substance abuse providers, criminal justice system representatives, Taunton Probation Department, Department of Mental Retardation staff, school personnel, people with disabilities and other interested parties.

Support Funding:

Initial funding:

Department of Mental Retardation innovation fund grant.

Current funding:

Department of Mental Retardation

United Way of Greater Attleboro/Taunton

Representative Payee fees .

Composition: A three-quarter time staff person.

III. DETAILED GUIDANCE FOR THE ESTABLISHMENT AND MAINTENANCE OF THE COLLABORATIONS

Substance Abuse Roundtable (SART)

History and Establishment:

SART I: Thirty individuals, including Community Partnerships Inc. staff, probation, police and community agency representatives, attended the first roundtable. This began with the recognition that people needed to have conversations, listen and understand each other and respect each others limitations, whether providers, police or courts. No one owns individuals with substance abuse issues. Police and probation began meeting with Community Partnerships Inc., who then invited others to get together to talk and better understand each other. Out of the first roundtable came the idea of bringing together more individuals, to discuss and respect one another's limitations, and never expecting anyone to go over the line. From that a larger group was available for the second roundtable.

SART II: More police and probation officers, representatives of the Department of Mental Retardation and community providers attended. Out of this came the Homelessness Coalition, which later received a generous McKinney grant. Community Partnerships, Inc. initially sponsored monthly breakfast meetings and brought more people into the Homelessness Coalition from the above areas, plus Headstart providers.

SART III: The Community Drug Education program came out of fourth roundtable.

SART IV: "Creating Access and Overcoming Barriers" gathered vital information for the use of individual participating agencies.

SART V: The fifth roundtable, Kids and Drugs, demonstrated that youth need to be heard. As a result, the Substance Abuse/Addictions Committee now has a youth as committee members.

SART VI: The sixth roundtable, Families and Drugs, provided youth and parents with an opportunity to engage with one another to brainstorm issues and share concerns regarding the impact of tobacco, alcohol and other drugs in their lives, their families, schools and communities. Keynote speaker, Norm Bossio, addressed all in attendance, and facilitated a discussion based on youth and adult break out group interactions.

SART VII: The Community Re-Entry Initiative came out of this roundtable, "From Incarceration to Community Re-entry". Many of those incarcerated (80%) have substance abuse issues, and if released without support systems, many end up back in prison.

Roundtables are possible through conversation, respect, being open to help, and not functioning as an island because people care and want to participate - they just need the tool. The work gets done when everyone gets involved. They may start with a small group that networks and listens for knowledge and insight. There needs to be an organizer who will do his/her best, who doesn't make shallow promises, and works with others to make ideas happen.

Positive Experiences: The outcomes and collaboratives noted under "History and Establishment", along with increased awareness.

Challenges:

- Time constraints - You can't address everything that comes out of the roundtables. There are so many issues that you have to pick and choose.
- Money
- Buy-in for issues

Maintenance: People remain engaged in the Roundtables because of the following:

- The gathered information is brought back to the people who attended the roundtable, keeping them informed of the results
- They are invited to participate in the next roundtable. (The Massachusetts Developmental Disabilities Council may help with this.)

Safe Neighborhoods Initiative (SNI)

History and Establishment: In response to a growing demand for crime and violence prevention programming, the City of Taunton Department of Human Services, through the Taunton CARES Program, adopted the structure and concepts of Attorney General Scott Harshbarger's Safe Neighborhood Initiative. In February of 1996, Mayor Robert G. Nunes and Attorney General Scott Harshbarger convened a round table breakfast to kick-off the Safe Neighborhood Initiative in the City of Taunton. The Taunton initiative is unique in that the staff of the Department of Human Services (DHS) and the Safe Neighborhoods Initiative Steering Committee, and not a policing entity coordinates the programming. The Steering Committee is comprised of representatives from the Department of Human Services, Mayor's Office, Taunton Police Department, Taunton Public Schools, Bristol-Plymouth Regional School District, Adult and Juvenile Probation, the District Attorney's Office, the Mayor's Office of Community Development, the Department of Youth Services (DYS), the clergy and members of social and human service agencies. Four working committees (Criminal Justice Committee, Treatment and Prevention Committee, Education Committee, Neighborhood Revitalization Committee) are responsible for setting goals and the development of innovative programs to address the goals.

Positive Experiences:

- From March of 1993 through December of 2000, the overall crime statistics for the City of Taunton dropped 25%
- Juvenile complaints filed have decreased dramatically from 1,335 in 1995 to 666 in 2001
- Prevention and education issues have been identified and addressed with increasing success over the last 6 years.
- Specific accomplishments are through the psycho educational program, through the District Court Probation, addressing substance abuse issues for offenders and non-offenders (see Community Drug Education Program)
- Continued efforts of youth programs in the community specifically address after school needs, and address peer education through Taunton High School, CCBC and Taunton Reaching Youth.
- The Abandoned Property Program will have a completed house this year, to be sold to a first time home buyer.

Challenges: Beyond the present funding from the city of Taunton and specific state and federal grants, as well as private donations, increased funding could be readily used.

Maintenance: The commitment of member agencies striving for a safe environment within the Taunton community is seen as the key maintenance component of the Safe Neighborhood Initiative.

Community Drug Education Program (CDE)

History and Establishment: This started with an idea that originated in Probation, for 1st offender drug users. It was clear that the court systems focus their attention primarily on chronic substance abusers. In an effort to reduce the chronic substance abuse, we have to first address those entering into the system for the first time. A request was made to several human service providers to come together to further discuss

this idea. The collective thought was to bring this issue to the attention of the larger community. Community Partnerships, Inc. utilized the Substance Abuse Roundtable III to work on this issue. Institutional leaders and decision makers spent a daylong session debating the merits of such a proposal and protocol, and agreed on the format and curriculum. The curriculum was developed with the agreement that this group would meet in smaller sessions to finalize this community wide drug education initiative, working out the mechanics and logistics of putting the program in place. Four series were held in 1999, three in 2000, three in 2001 and two are projected for the year 2002. It is important to note that at the conclusion of each series, a debriefing is scheduled to review the quality of content and to determine if changes need to be instituted to enhance the program as it exists.

Positive Experiences:

- There have been individuals, both compelled to be there, or walk ins, who have commented positively on the work that the volunteer presenters are doing.
- Participants feel the information is received in a non-threatening manner.
- Both verbally and in evaluations, participants have further commented on how pleased they are to have attended.
- Individuals stay late to chat and shake hands, while express verbal appreciation.
- Although it is early to conduct a formal research study, an analysis was conducted of individuals who had completed all three sessions shows the recidivism rate to be encouraging.
- The initiative continues to thrive, despite budget cuts.

Challenges:

- Although grateful for the current facility, a facility that would have more current technology, such as white boards, VCR, power point, and electronic equipment would enhance the quality of the presentation. Employable teaching devices are limited.
- At the night of a series, individuals are often there just because they're compelled to attend. They're anxious and rebellious. As the series continues, they become more cohesive and attentive to the message of the presenters.

Maintenance: In addition to the financial support, the program's maintenance is due to the generosity of time and talents of the coordinators and in particular the presenters who are committed personally and professionally to increasing the quality of life to the community. The debriefing sessions provide a sharing of the experiences of the series and individuals work in a collaborative effort to assure that quality presentations be maintained.

Substance Abuse/Addictions Committee (SA/A)

History and Establishment:

GTHHSC Substance Abuse Committee: The Committee began shortly after the establishment of the Greater Taunton Health and Human Service Coalition, in 1992, by concerned individuals from Community Counseling of Bristol County, the Department of Public Health, the Taunton High School Access Center, and others.

GATHER Addictions Committee:

In the fall of 1997, members Community Health Network Area #24 created the Addictions Committee. Members decided to focus on Alcohol, Tobacco, and other drugs while working with the people who impact youth in the middle school years, such as parents, caretakers and teachers. After much discussion, they chose the nationally recognized science based curriculum *Preparing for the Drug Free Years*, from the University of Washington. The Committee hired an individual to conduct a pilot training directly to parents, providing childcare, transportation, and other support in order to recruit and retain parents. Because committee members wanted to develop a core of local trainers, they offered the first Training Of

Trainers (TOT) to folks who made the commitment to offer the curriculum to the community. They agreed to provide 2 parent trainings of 5 sessions each. They partnered with existing agencies and organizations to host the parent training. A program brochure was created, along with the more parent friendly name "*Parents Making a Difference*". Committee members then "sold" the idea to Department of Social Services, probation, and others who work closely with families at greater risk. In 2000, the Training Of Trainers was offered in order to expand the core base of trainers to Department of Social Service workers, probation, fire departments and others who work with families of greater risk. "*Parents Making a Difference*" has been offered thru local hospitals, local schools, to grandparents raising their grandchildren, and at substance abuse treatment sites.

Positive Experiences:

- People with energy, resources and collective problem solving skills are brought together to accomplish important tasks.
- Prevention program planning and resource development.
- The Annual Roundtable
- Ongoing planning efforts to address substance abuse prevention programs and access to treatment.
- The community has been sensitized that individuals with developmental disabilities may also be subject to substance abuse problems.
- The committee brings together substance abuse specialists, providers and those who serve individuals with developmental disabilities in planning efforts and joint problem solving approaches, including individual client care issues.
- *Parents Making a Difference* local team facilitators have enormous passion and commitment to the importance of reaching parents with this portable, science-based program, not just to Taunton and Attleboro, but to the other GATHER (Greater Attleboro/Taunton Health Education Response) communities. The program is compatible with and complements other substance abuse prevention activities (such as MassCall) in each of the communities.

Challenges:

- Maintaining a diverse, energized group that represents a broad spectrum of those affected by substance abuse issues, or who have resources that involve substance abuse problems.
- Being able to address the specific substance abuse needs of specific populations (ex: DD, homelessness, youth, HIV, and those involved in the criminal justice system).
- Maintaining the geographic diversity of the 13 communities in the GATHER area.
- *Parents Making a Difference*: Recruiting parents who don't have time in the evenings, getting the program started, getting community people, such as host agencies, schools and other parents, to "sell" the idea to the community, following up on the parents who received the training, to assess program impact, and providing "*Parents Making a Difference*" in Spanish.

Maintenance:

- The committee is composed of a committed, longstanding, core membership together with new members who give new perspectives and new energy to the committee.
- Having a clear view of what can or cannot be accomplished by the committee.
- Periodic clarification of the goal and missions in the merged committee's new form.
- Making the work satisfying.

Case Conference Team Meetings (CCT)

History and Establishment: This came out of the realization that the community didn't know what to do with DD/SA individuals. People who came from different fields were asked to help with this problem by sitting on the committee. In its 3rd year, it was realized through experiences with the courts, that people didn't know what to do with these individuals.

Positive Experiences:

- Good collaboration.
- Meeting with probation, a judge, and attorneys have helped give them insight.
- District Attorneys and probation are helped by being able to talk with providers. This creates understanding on a legal and treatment level.
- Massachusetts DMH attends meetings if there is a question of a mental health issue.

Challenges:

- Balancing constitutional and human rights with the need for specific planning.
- Funding and insurance changes.
- The three-hour meetings, once a month, are a lot of time for someone to give up.
- Fear of treading on the privacy and confidentiality of individuals has become a growing impediment to the presentation of cases.

Maintenance:

- This is a monthly responsibility of the DD/SA Specialist, below.
- Providers have enough confidence in the group (there are issues of confidentiality) to present cases.

DPH Regional Training Committee

History and Establishment – APASM (Association of Providers Association for Southeastern Massachusetts), a separate entity, began as the training committee. This group put on regional trainings, funded by the dues of attendees. They began using AdCare to produce brochures, and schedule and provide trainings. The problem was that group became too small, and was not reflective of the providers. This resulted in sparsely attended conferences.

At this point, the Bureau of Substance Abuse Services assumed the role of APASM. Through the input of providers, the trainings were restructured to make them more effective, leading to increasing attendance. Because of the realization that other state agencies also have training components, the DPH Regional Training Committee looked at how substance abuse issues overlapped in those other agencies, in order to co-plan with them. Instead of having several substance abuse trainings at the same time, duplication was reduced by having common training topics, with providers from each of the other agencies included in one room. "Common Thread", a joint strategy training of the Department of Mental Retardation, providers and probation, held in 2001, addressed issues such as the working dynamics between probation and clinicians, navigating the legal system and navigating the treatment system.

Positive Experiences

- Other state agencies are willing to support the trainings, both philosophically and financially, resulting in shared costs.
- By co-planning, the culture issues of the different agencies are heard around how they look at and approach trainings.

- As a more common ground is developed through meeting and developing relationships with other individuals, agencies and state agencies from a non-threatening setting such as a training theme, it leads to common ground around other issues in the future.

Challenges:

- Consensus takes time with more individuals at the table with different points of view.
- Other state agencies might have issues that this committee might not have addressed.
- Communication between meetings can be difficult in trying to get in touch with the different parties.
- State budget cuts prevented follow-up trainings.

Maintenance:

- Interest is maintained because notices and information are sent out in a timely manner.
- Meetings are scheduled only when they have an agenda, and not just for the sake of having meetings.
- Committee members are provided with feedback in regards to comments, ratings and evaluations of the conferences.
- Funding is provided by The Department of Public Health Bureau of Substance Abuse.

DMR Statewide Mental Retardation/SA Task Force

History and Establishment: About 6-7 years ago, initial role of the Task Force was to provide continuing education in substance abuse among clients, to Department of Mental Retardation staff. This took the form of clinical case conferences, didactic workshops and development of a provider resource manual for substance abuse treatment.

Positive Experiences:

- Interagency networking.
- Expanded advocacy to the Department of Public Health, Bureau of Substance Abuse Services who fund publicly funded treatment (residential treatment) in the state.
- People have independently created access in their regions by collaborating and networking with providers, some of which offer Department of Mental Retardation services and substance abuse treatment, within the same umbrella.
- The Task Force has moved those collaborations along.

Challenges:

- Maintaining momentum within the group in the face of the multiplicity of the complex problems that mentally retarded adults face in the community.
- Competing priorities of people's times challenge group consistency.
- Substance abuse is not recognized globally as a major issue in the Department of Mental Retardation population.
- DD/SA individuals are a small group, and their pattern of substance abuse is not mirrored in the general community.
- DD/SA individuals become very impaired in their decision-making, more quickly than the general population, because they may be already taking prescription medications. Lower doses of alcohol are more effective on their systems than in other adults in the general population.
- Long-term, invested providers were excluded from recent planning meetings, causing a decline in momentum and participation.

Maintenance:

- The group continues to see the need to continue to see this as a big problem for a small number of individuals. It completely affects their quality of life and health, and they get into dire straights with job loss, housing and relationships issues, more quickly than other community individuals. This is a compelling issue for those workers and clinicians that see this in their daily work.
- Members are passionate about the issues.

Healthy Helpers: Support Group for Professionals in the Lives of Addicts

History and Establishment The group began 1999. It started from conversations about substance abuse issues with people from DMR and CPI support staff, and the fact that one of the biggest factors to keep people in denial came from enabling. Once the need was recognized, Community Partnerships, Inc. sought out an agency that was willing to provide a facilitator who had the necessary expertise. (The original agency was the Council on Alcoholism, then Community Care services.) This has been reestablished by Maggie Pike-Thomson of High Point, and meets monthly on the 3rd Friday.

Positive experiences:

- Staff personnel are helped to understand their own motivations, and are given insight into the fact that enabling may not be the support the person really needs.
- The group provides insight into the disease of substance abuse, especially in dealing with the additional difficulty of the developmental disabilities issue.
- These situations are more difficult than what you might find in the “mainstream” substance abuse population, and understanding is found in this group.

Challenges:

- The original facilitator left, and the second one left for a medical reason. Currently, meetings have been put on hold. Once group participants connect with a facilitator who knows DD/SA and is familiar with the individuals in the group, its difficult to start over.
- Once reestablished, low funding may necessitate a reduction in meeting frequency.

Maintenance:

- The motivation and direction provided by the facilitator provides the maintenance.
- People involved in the group, as well as the facilitator, see the need to keep it going.
- Periodically, the group has reassessed how often to meet, and if the needs are being met for the people in the group. This provides the basis for future meetings.
- Currently, the funding for this effort comes from fees from the Community Partnerships, Inc. Representative Payee program. Suggested funding: The Department of Mental Retardation, if service coordinators are involved. If a mental health or counseling agency were a strong part, they could provide or split funding and facilitation with another agency or a local employee assistance program.

Representative Payee Program

History and Establishment This program began about 12 years ago. Six or seven years ago, it began to expand as its own program within Community Partnerships, Inc. When the Social Security Administration allowed payment for supporting people who receive benefits based on drug and/or alcohol abuse to Representative Payee agencies, there was a big growth in the number of customers. Several years ago, the Social Security Administration discontinued benefits to people whose primary diagnosis was drug and/or alcohol addictions, but a great many beneficiaries continued to have substance abuse problems.

Positive experiences:

- It is gratifying to see someone's quality of life improved by the lifting of financial burden and anxiety, and connecting with a resource that will have a long-term effect. This is good for both the program manager and individual.
- For the client, most of life is erratic and unpredictable. This is one small piece they can count on for stability and predictability. Although everything else remains an unknown, the client is confident of having food and shelter.
- Social security, case managers, counselors and other involved agencies assign clients to participate in this program for money management. They're already eligible for supplemental security income for disability insurance.
- Another incentive for clients is that a number of them want to reduce their dependency on the system, and want to get into the workforce. They see the Representative Payee programs, referrals and resources as a temporary stepping-stone to get schooling, a trial work period, etc.
- Community Partnerships, Inc. recognizes when people are sliding and slipping. The individuals are known personally, and a "heads up" call can be made before the client gets into real trouble.
- Conversely, other agencies involved with the client give Community Partnerships, Inc. a similar call. (Clients have signed agreements giving permission for interagency contact and discussions of their cases.) This open communication helps divert problems.
- Because address and income changes have to be reported to Social Security, interagency communication is often the only way to catch these in an accurate and timely manner.
- The client is benefited by the communication of caring people in the involved agencies.

Challenges:

- There is always a risk factor in dealing with individuals who are erratic and unpredictable. They can be disruptive when you say "no" to giving money to an unstable person. (Community Partnerships, Inc. has had to call the police on several occasions.)
- The agency can't count on the individual to report changes in living, employment, a bank account, to Community Partnerships, Inc. staff for the required Social Security review. It is difficult to gather the information as well as to expect the clients to remember to report the changes. Sometimes people purposely try not to follow the rules and report what they should. This piece is the hardest challenge, although interagency communication helps.
- Clients feel that it's their money and yet, they can't access it whenever and however they want to. Some don't understand this and become angry.
- Clients are restricted by office hours, so they're faced with the difficult task of having to do advanced planning for the weekend and evening.

Maintenance:

- The Social Security Administration recognizes the need for dependable Representative Payee programs.
- The Department of Mental Retardation and Department of Mental Health programs see the need and are willing to pay for the services.
- The local United Way is involved in the substance abuse issue.
- Suggested funding resources may or may not be duplicable in your community. United Way funding and Department of Mental Retardation funding fees are collected from the beneficiaries and mental health provider agencies.
- Additional funding is being sought from Department of Mental Health. Only a short time ago - 1 ½ to 2 years - there were only some 50 people in the program. That cap has been lifted and three times the amount now receive benefits since the addition of one more staff member. This past year, 159 people, not all alcoholics, and not all developmentally disabled, were in this program.
- Additional clients generate more fees, and an increase in the United Way allocation.

Crisis Intervention Team (CIT)

History and Establishment: This new initiative began in 2001 with a team of four individuals attending a conference on crisis intervention, in Portland, Oregon. Realizing that the Taunton area has the players and components to implement such a plan in this community, five individuals attended a more intensive 40-hour training of trainers in Baltimore, Maryland. The group is now ready to offer the program to police, hospital and other area providers that relate to the high DD/SA population in this area.

Positive experiences: After the first community meeting of this group in June, 2002, it was clearly show that there is a desire to implement this much needed service in this community. Coordination, communication and collaboration are high among the necessary players to duplicate a program already shown successful in 17 different areas of the country.

Challenges:

- Balancing constitutional and human rights of confidentiality and privacy with sharing a minimal amount of information while still serving a client's best interests.
- Maintaining round-the-clock coverage of trained, qualified individuals from a volunteer pool.

Community Re-Entry Initiative

History and Establishment: This initiative grew from the SARTVII: "From Incarceration to Community Re-Entry." A group of invested providers began coming together in April of 2002, and meet monthly to discuss a comprehensive plan to provide seamless services to incarcerated individuals, from entry into the prison system to eventual community assimilation. The group seeks to more effectively and safely reintegrate people coming out of prison in a broad based manner, focusing on the issues of employment/training/education, housing, treatment, disabilities, women and juveniles.

Positive experiences:

- A mental health clinician has recently been hired to enhance integration efforts and increase services to MH individuals being released from prison
- Clinicians at the local prison were receptive to group visits of providers to inmates prior to release.
- The Community Resource Center provides services to individuals who are incarcerated, on probation or parole, or after release.
- DMH sends representation to court when an intervention plan is needed. They also provide police academy training of preplanning, a discussion of rights, how to apprehend and what's available locally.
- The DMH Forensic Transition Team is an established community integration effort that can build on the coordinated case management concept by making expanded connections.
- There is already a reintegration process begun in jail that can be expanded.

Challenges:

- Most released from state prison come back without parole. There is no mandatory community supervision, or parole, upon release
- Persons released to the Taunton community need accessible services locally or affordable, convenient transportation to the Community Resource Center in Fall River.
- Making individuals aware of their options for transition before release from prison, as well as after.
- Confidentiality rules conspire against sharing information
- Bridging the health-care gap

Developmental Disabilities/Substance Abuse Specialist

History and Establishment: This position began with the concept of having a DD/SA specialist, who would also work with court-involved people. This need became apparent early on. The original funding for this position came through a one year Innovation Fund grant from the Department of Mental Retardation. When funding ran out, Community Partnerships, Inc. unsuccessfully approached the Massachusetts Developmental Disabilities Council for interim funding to help maintain the position for a year, while still seeking permanent funding. Once denied, the local area Department of Mental Retardation was approached. The position was found to be so worthwhile that they funded it within the organization, as long as the position was available to Department of Mental Retardation staff and other providers, and not just limited to Community Partnerships, Inc. Also, at that time, the expanding Representative Payee program, which supported substance abusers, along with revenues from the program paid for some of the position. An application for a Community Service Response grant was made to the local United Way to help support this position, as it is substance abuse related work. This grant was funded before Community Partnerships, Inc. became a member agency of the local United Way. Part of United Way funds was used to pay for the Specialist position. It is hoped that this position would be cost shared with the Department of Public Health. Recommendations: This is only a part time position. A local substance abuse, court involved specialist could easily be a full time position for this area, but funding has not been identified as yet.

Positive Experiences:

- Through this position, the community in general (police, courts, treatment providers) has been impacted through awareness and attention to treatment for DD/SA individuals.
- The specialist has become a resource to clients, service coordinators and providers.
- Working relationships with treatment programs has developed since the establishment of this position.

Challenges:

- There wasn't a lot of information and resources about the DD/SA community when the job started. This was overcome by communication and networking with different areas of the community, such as Department of Public Health, Department of Mental Retardation, courts, police, and other providers.
- More funding is needed to bring this position to full time, rather than part time.

Maintenance:

- Permanent funding is being crafted from a combination of Department of Mental Retardation, United Way, Representative Payee and (we hope) Department of Public Health funds.
- Community interest is maintained by the staff person's involvement as an active member of several committees. Here, networking and education of DD/SA issues is provided.

The following tables (#1-3) describe the history of community relations for developmental disabilities/substance abuse in the Taunton area. Some of the efforts are Community Partnerships, Inc. “invented”, others have a Community Partnerships, Inc. involved leadership, and still others Community Partnerships, Inc. sits on in a “back seat” capacity.

Table 1 shows how our community, like many others, already had some basic but poorly interconnected “assets” in place. We started with the following:

- A local community coalition, such as the Greater Taunton Health & Human Service Coalition, (GTHHSC) with an active Substance Abuse Committee
- A variety of Substance Abuse Treatment programs, funded primarily through the Department of Public Health, Department of Mental Health and private insurances.
- A variety of services for people with Mental Retardation/Developmental Disabilities, funded through the Department of Mental Health.
- A Statewide Mental Retardation/Developmental Disabilities/Substance Abuse Taskforce convened by the Department of Mental Retardation.
- Local courts and police departments
- Concerned families and friends capable of providing critical informal supports.

Directly Interconnected “Assets”:

GTHHSC/SAC - S.A. Treatment DPH, DMH, etc. – Courts/Criminal Justice System

GTHHSC/SAC - DD Services DMR & Vendors

DMR Statewide S.A. Group - DD Services DMR & Vendors

Indirectly Interconnected “Assets”:

Substance Abuse Committee – Friends/Families Informal Support

DD Services DMR & Vendors - Friends/Families Informal Support

DD Services DMR & Vendors – Courts/Criminal Justice System

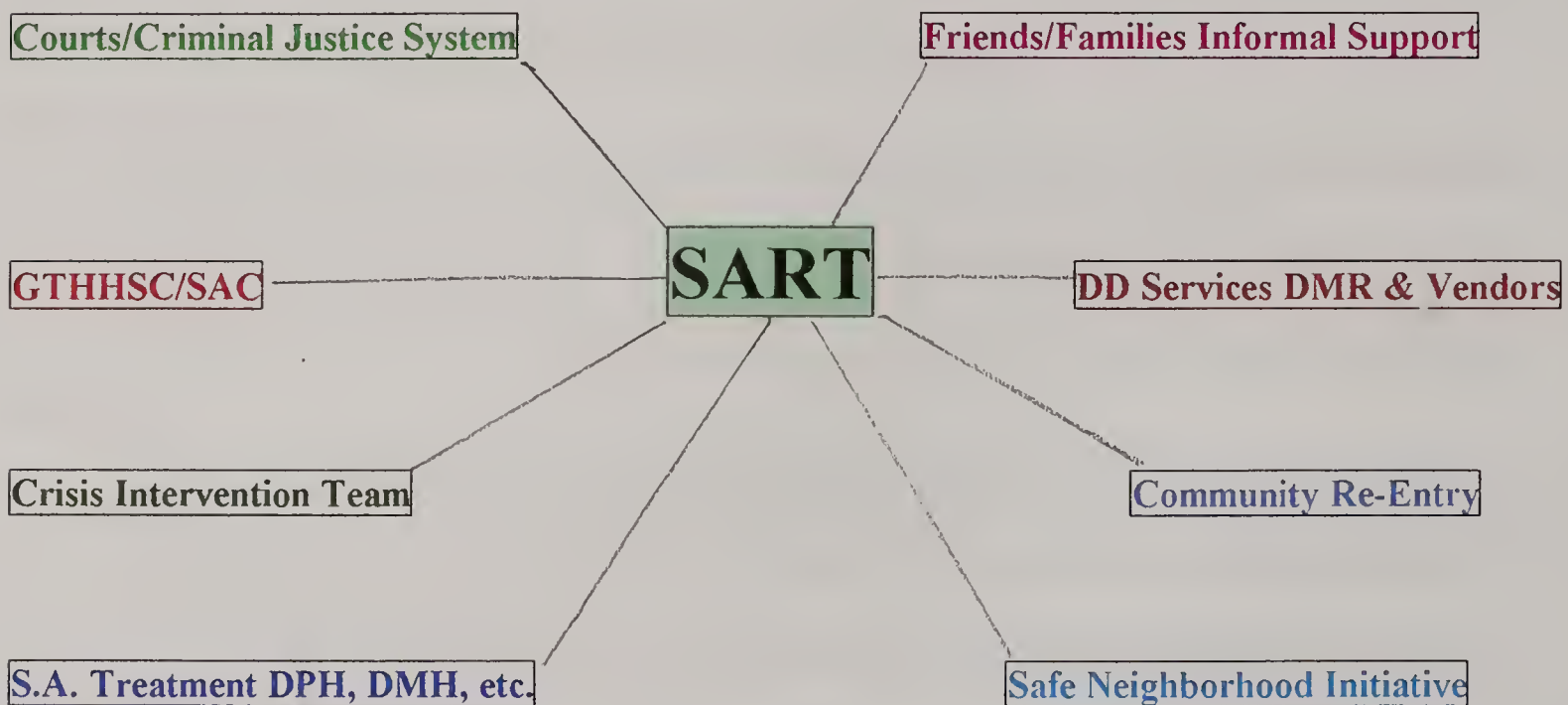
DD Services DMR & Vendors - S.A. Treatment DPH, DMH, etc.

Over a relatively short span of time, the elements in Table 2 were added. These include:

- A Rep Payee service
- An Annual Substance Abuse Roundtable
- Monthly meetings of a Substance Abuse Case Conference Team
- A local Safe Neighborhood Initiative
- Monthly Mental Retardation/Developmental Disabilities/Substance Abuse Codependency meetings
- The appointment of a District Court Probation Officer specializing in MR/DD offenders, and who participates regularly in Case Conferences
- Participation of MR/DD providers on a court-initiated Intermediate Sanctions Project
- A local Homelessness Committee whose charge includes representing the needs of homeless people labeled "MR/DD/SA".

In addition to the connections represented in Table 1, these new elements connected as follows:

Substance Abuse Round Table (SART)



Court Projects



DD/SA Codependency Group

S.A. Treatment DPH, DMH, etc.

DD Services DMR & Vendors

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graph TD; A[S.A. Treatment DPH, DMH, etc.] --- B[DD/SA Codependency Group]; C[DD Services DMR & Vendors] --- B; B --- D[Friends/Families Informal Support]
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DD/SA Codependency Group

Friends/Families Informal Support

Representative Payee Supports

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graph TD; A[S.A. Treatment DPH, DMH, etc.] --- B[Rep Payee Supports]; C[DD Services DMR & Vendors] --- B
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Rep Payee Supports

S.A. Treatment DPH, DMH, etc.

DD Services DMR & Vendors

DD/SA Case Conference

S.A. Treatment DPH, DMH, etc.

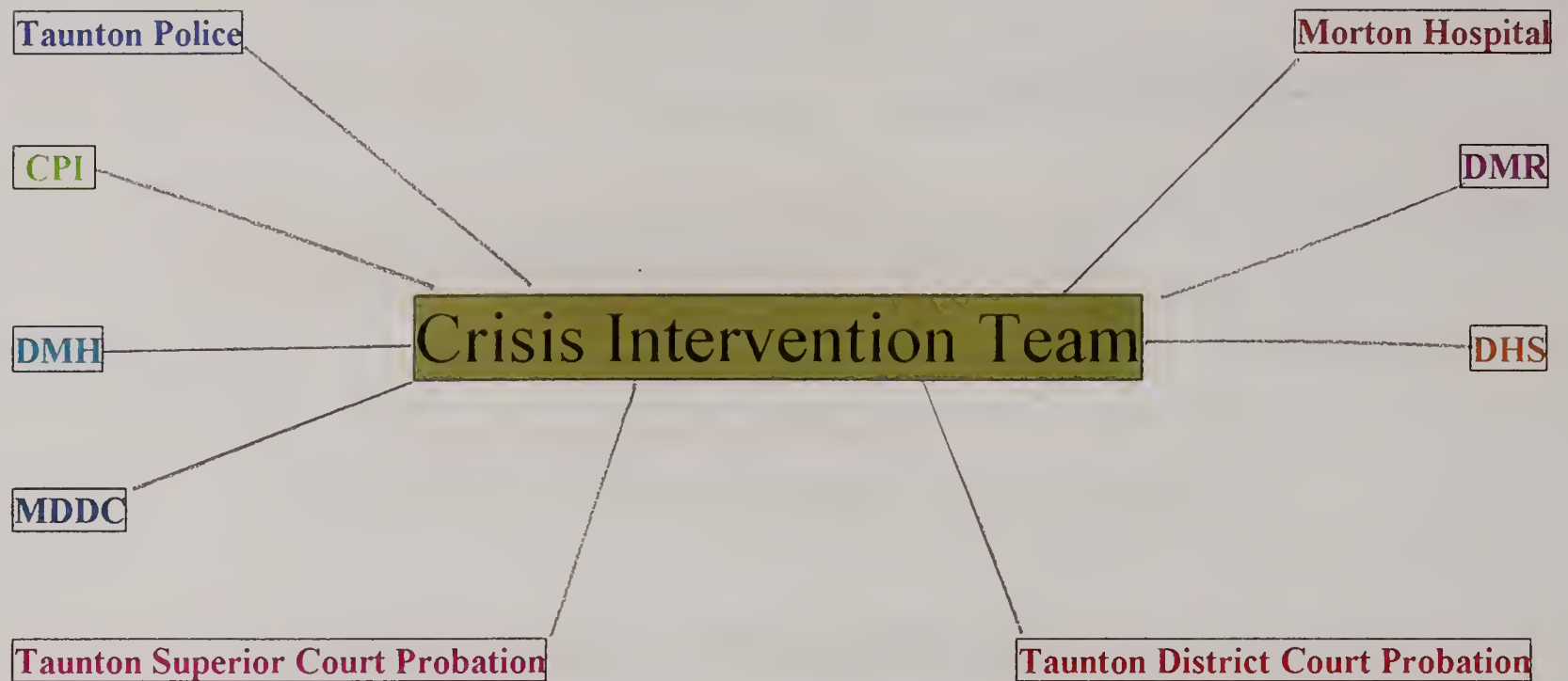
DD Services DMR & Vendors

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graph TD; A[S.A. Treatment DPH, DMH, etc.] --- B[DD/SA Case Conference]; C[DD Services DMR & Vendors] --- B; B --- D[Friends/Families Informal Support]
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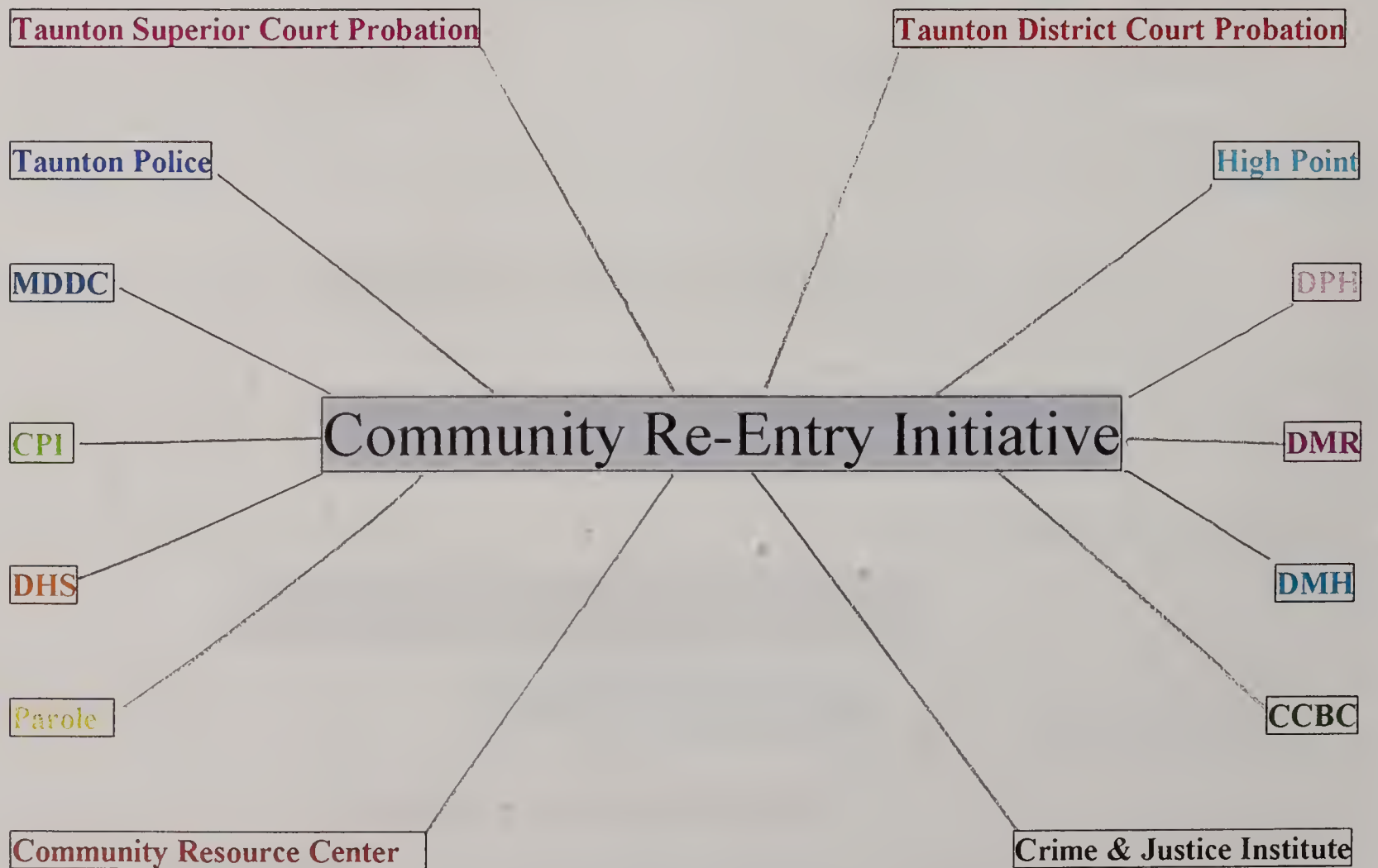
DD/SA Case Conference

Friends/Families Informal Support

Crisis Intervention Team

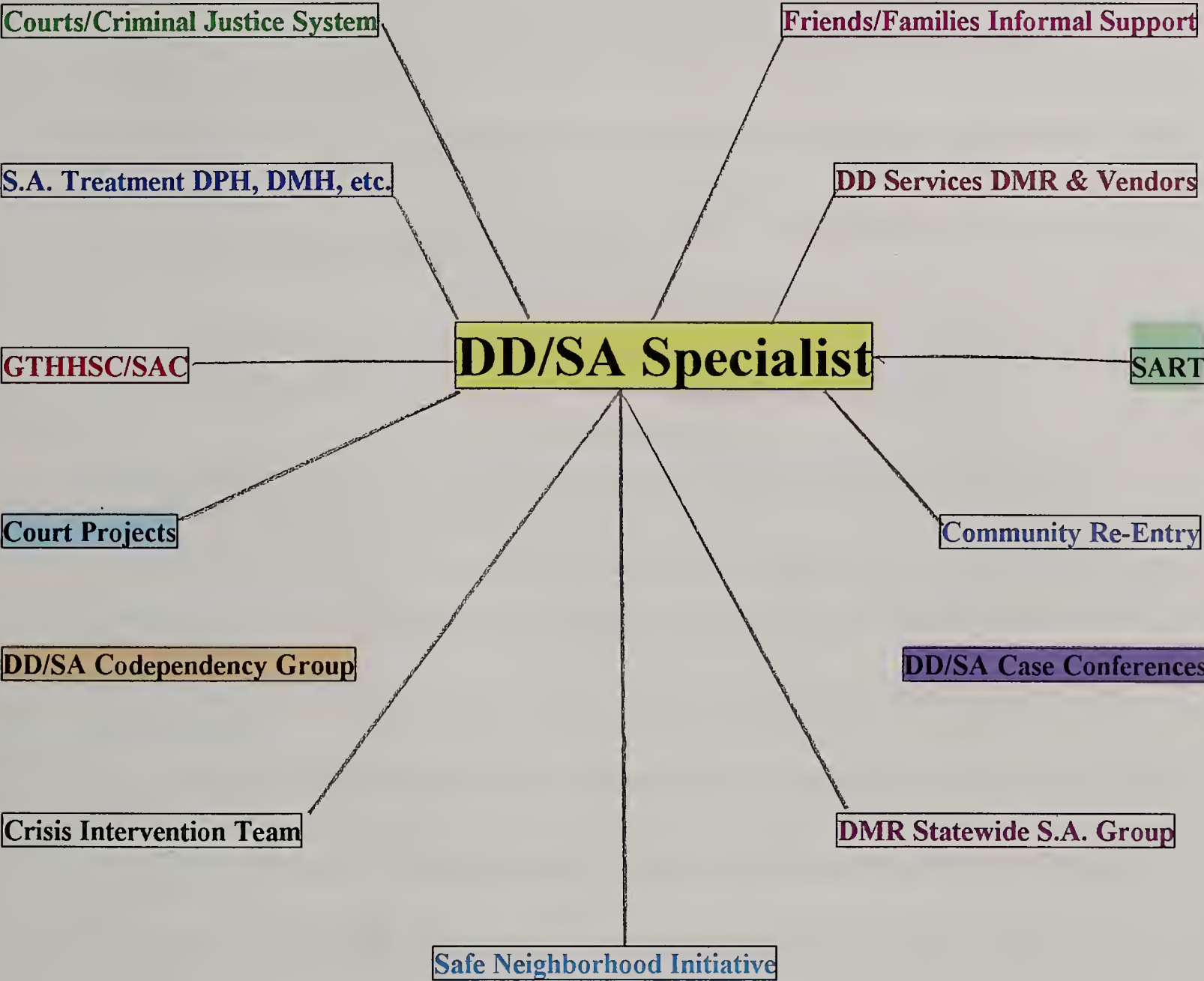


Community Re-Entry Initiative



It would be impossible to keep this new system coordinated without someone at the hub. Figure 3 show how the Developmental Disabilities/Substance Abuse Specialist, paid for by the DMR, is linked to the various elements in our community, including the newest initiatives: the Crisis Intervention Team and Community Re-Entry Initiative.

DD/SA Specialist



IV. RESOURCE LIST

A. Greater Attleboro/Taunton Area Contacts For more information on each of the community efforts, you may also contact any of the following participants: (Phone numbers are followed by fax numbers.)

Substance Abuse Round Table (SART)

Department of Mental Retardation

- Barbara Curley, Area Director, DMR Taunton-Attleboro, 508-824-0614, x323, 508-824-9451, barbara.curley@dmr.state.ma.us
- Bill Packard, Community Psychologist, Department of Mental Retardation, 508-824-0617, x328, 508-824-9451, bpackard1@prodigy.net
- Jan O'Keefe, Director of Risk Management, Department of Mental Retardation, 617-624-7775, 617-624-7577, janice_okeefe@co/dmr/state/mass.

Department of Public Health

- Brian Sylvester, Southeast Regional Manager, Bureau of Substance Abuse Services, Department of Public Health, 508-947-1231, 617-624-5111, briansylvester@state.ma.us

Criminal Justice

- Mike Bonenfant, Community Police Officer, Taunton Police Department, 508-821-1449, 508-828-9315, cpo1231@yahoo.com
- Keith Bourdon, Probation Officer, Taunton District Court, 508-824-5815, x175, 508-823-1103.
- Steven Crowninshield, Community Police Officer, Taunton Police Department, 508-821-1469, 508-828-9315
- Christopher Hoeth, Probation Officer, Superior Court, Bristol Division, 508-824-8771, x15, 508-821-9563.
- Bill McAndrew, Chief Probation Officer, Taunton District Court, 508-824-5815, x4, x2, x123, 508-823-1103.
- Carol Silvia, Assistant Chief Probation Officer, Taunton District Court, 508-824-5815, x135, 508-823-1103.
- Steve Turner, Community Police Officer, Taunton Police Department, 508-821-1079, 508-82-9315

Health & Human Service Providers

- Donna DeFaria, Taunton Cares Coordinator, Department of Human Services, 508-821-1420, 508-821-1444.
- Maggie Pike-Thomson, Director of Outpatient Services, High Point Treatment Center, 508-823-5291, 508-823-5906
- Philip Shea, President CEO, Community Counseling of Bristol County (CCBC), 508-824-7224, 508-824-6604, sheasc145@aol.com
- Kevin Stanton, Deputy Director, Governor's Alliance Against Drugs, 617-727-0786, 617-727-6137, Kevin.Stanton@eps.state.ma.us

Education

- Deborah Brown, Safe and Drug Free School Coordinator, Taunton Public Schools, 508-821-1129, 508-821-1386, access_center@tauntonschools.org
- Anne Kotch, Health Curriculum Coordinator and Grants Manager, Dighton-Rehoboth School System, 508-252-5080, 508-252-5082, Akotch735@aol.com.

Safe Neighborhood Initiative (SNI)

Department of Mental Retardation

- Barbara Curley, Area Director, DMR Taunton-Attleboro, 508-824-0614, x323, 508-824-9451, barbara.curley@dmr.state.ma.us

Criminal Justice

- Mike Bonenfant, Community Police Officer, Taunton Police Department, 508-821-1449, 508-828-9315, cpo1231@yahoo.com
- Steven Crowninshield, Community Police Officer, Taunton Police Department, 508-821-1469, 508-828-9315
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Education

- Deborah Brown, Safe and Drug Free School Coordinator, Taunton Public Schools, 508-821-1129, 508-821-1386, access_center@tauntonschools.org

Community Drug Education Program (CDE)

Department of Public Health

- Brian Sylvester, Southeast Regional Manager, Bureau of Substance Abuse Services, Department of Public Health, 508-947-1231, 617-624-5111, briansylvester@state.ma.us

Criminal Justice

- Bill McAndrew, Chief Probation Officer, Taunton District Court, 508-824-5815, x4, x2, x123.
- Carol Silvia, Assistant Chief Probation Officer, Taunton District Court, 508-824-5815, x135.

Health & Human Service Providers

- Maggie Pike-Thomson, Director of Outpatient Services, High Point Treatment Center, 508-823-5291, 508-823-5906
- Philip Shea, President CEO, CCBC, 508-824-7224, 508-824-6604, sheasc145@aol.com

Education

- Deborah Brown, Safe and Drug Free School Coordinator, Taunton Public Schools, 508-821-1129, 508-821-1386, access_center@tauntonschools.org

Substance Abuse/Addictions Committee (SA/A)

Department of Mental Retardation

- Barbara Curley, Area Director, DMR Taunton-Attleboro, 508-824-0614, x323, 508-824-9451, barbara.curley@dmr.state.ma.us
- Jan O'Keefe, Director of Risk Management, Department of Mental Retardation, 617-624-7775, 617-624-7577, janice_okeefe@co/dmr/state/mass.

Department of Public Health

- Ian Bain, Program Coordinator, Office Director of the Bureau of Substance Abuse Services, Department of Public Health, 617-624-5165, 617-624-5185, Ian.Bain@state.ma.us.

Criminal Justice

- Keith Bourdon, Probation Officer, Taunton District Court, 508-824-5815, x175.
- Christopher Hoeth, Probation Officer, Superior Court, Bristol Division, 508-824-8771, x15, 508-821-9563.
- Bill McAndrew, Chief Probation Officer, Taunton District Court, 508-824-5815, x4, x2, x123.

Health & Human Service Providers

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Education

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- Anne Kotch, Health Curriculum Coordinator and Grants Manager, Dighton-Rehoboth School System, 508-252-5080, 508-252-5082, Akotch735@aol.com.

Case Conference Team Meetings (CCT)

Department of Mental Retardation

- Barbara Curley, Area Director, DMR Taunton-Attleboro, 508-824-0614, x323, 508-824-9451, barbara.curley@dmr.state.ma.us

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Education

- Deborah Brown, Safe and Drug Free School Coordinator, Taunton Public Schools, 508-821-1129, 508-821-1386, access_center@tauntonschools.org

Department of Public Health (DPH) Regional Training Committee

Department of Public Health

- Brian Sylvester, Southeast Regional Manager, Bureau of Substance Abuse Services, Department of Public Health, 508-947-1231, 617-624-5111, briansylvester@state.ma.us

Criminal Justice

- Christopher Hoeth, Probation Officer, Superior Court, Bristol Division, 508-824-8771, x15, 508-821-9563.
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- Maggie Pike-Thomson, Director of Outpatient Services, High Point Treatment Center, 508-823-5291, 508-823-5906

Education

- Deborah Brown, Safe and Drug Free School Coordinator, Taunton Public Schools, 508-821-1129, 508-821-1386, access_center@tauntonschools.org

Department of Mental Retardation (DMR) Statewide Mental Retardation/Substance Abuse Task Force

Department of Mental Retardation

- Barbara Curley, Area Director, DMR Taunton-Attleboro, 508-824-0614, x323, 508-824-9451, barbara.curley@dmr.state.ma.us
- Jan O'Keefe, Director of Risk Management, DMR, 617-624-7775, 617-624-7577, janice_okeefe@co/dmr/state/mass.

Criminal Justice

- Keith Bourdon, Probation Officer, Taunton District Court, 508-824-5815, x175.

Healthy Helpers: Support Group for Professionals in the Lives of Addicts

Health & Human Service Providers

- Maggie Pike-Thomson, Director of Outpatient Services, High Point Treatment Center, 508-823-5291, 508-823-5906

Crisis Intervention Team

DMR

- Bill Packard, Community Psychologist, Department of Mental Retardation, 508-824-0617, x328, 508-824-9451, bpackard1@prodigy.net

DMH

- Ted O'Brien, Manager of Community Forensic Services, DMH, 508-977-3346, 508-9773351, ted.obrien@dmh.state.ma.us

Criminal Justice

- Mike Bonenfant, Community Police Officer, Taunton Police Department, 508-821-1449, 508-828-9315, cpo1231@yahoo.com
- Keith Bourdon, Probation Officer, Taunton District Court, 508-824-5815, x175.
- Steven Crowninshield, Community Police Officer, Taunton Police Department, 508-821-1469, 508-828-9315
- Steve Turner, Community Police Officer, Taunton Police Department, 508-821-1079, 508-828-9315

Health & Human Service Providers

- Stephen Jochim, Director of the Crisis Intervention, Norton, 508-285-8184, stephen.jochim@dmh.state.ma.us

Community Re-Entry Initiative

DMH

- Ted O'Brien, Manager of Community Forensic Services, DMH, 508-977-3346, 508-9773351, ted.obrien@dmh.state.ma.us

Criminal Justice

- Mike Bonenfant, Community Police Officer, Taunton Police Department, 508-821-1449, 508-828-9315, cpo1231@yahoo.com
- Steven Crowninshield, Community Police Officer, Taunton Police Department, 508-821-1469, 508-828-9315
- Bob Horta, Director of Community Corrections, 508-884-9189, 508-884-8980
- Mark Kochanek, Re-Entry/Hearings Officer, MA Parole Board, 508-998-6133, 617-727-2516
- Bill McAndrew, Chief Probation Officer, Taunton District Court, 508-824-5815, x4, x2, x123.
- Steve Turner, Community Police Officer, Taunton Police Department, 508-821-1079, 508-828-9315

Health and Human Service Providers

- Kathy Lalor, DD/SA Specialist, C.P.I., 508-823-9416, 508-824-5578, cpartinc@compuserve.com
- Cindy St. Pierre, CCBC, 508-823-5400, x1500, 508-880-7114
- Elspeth Slayter, Crime & Justice Institute, 617-482-2520, x122, 617-262-8054, eslater@crjustice.org

B. General Contacts: For general information, you may also contact:

- Jim Ross/Kathy Lalor: 508-823-9416, cpartinc@compuserve.com
- Lorraine Rosa: 508-823-4822, mcaproso@hotmail.com

C. List of Treatment Programs:

For a list of programs, please consult the following:

- Commonwealth of Massachusetts Department of Public Health: Substance Abuse Treatment Directory, by the Bureau of Substance Abuse Services, at **617-624-5111**.
- The United Way Infoline at **508-822-3180, 508-223-4636** may be contacted for current information on programs.

D. List of Web Site Resources:

- Massachusetts Department of Public Health, Bureau of Substance Abuse Services, www.state.ma.us/dph/bsas/bsas.htm
- North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, www.dhhs.state.nc.us/mhddsas/
- Blue Ridge Center for Mental Health, Developmental Disability and Substance Abuse Services: www.blueridge.org
- Pathways Center for Behavioral and Developmental Growth: www.pathwayscsb.org/

E. List of Journal Resources: (Journal sites other work for me to research and city in research. Need DD council permission to publish this.)

Boros, Alexander. (1986). Twelve Ideas For My Improvement. *Project A.I.D.*

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Sengstock, W.L. and Fergeson, G.A., Sullivan, M.M. Consideration and Issues in a Drug Abuse Program for the Mentally Retarded. *Training Ment Retard*, 1975: 10: 138-143.

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V. Conclusion/Suggested Improvements

- A. A Database of Treatment Options – “Wouldn’t a database make our lives easier?” A website with updated and accurate information on availability of beds at the treatment centers would be time saving and proactive if utilized instantly upon diagnosis or recommendation. Treatment centers would benefit by keeping their beds filled.
- B. Legislative Support – “Collaboration is only as helpful as our ability to get people the help they need.” Support would be necessary to set up and maintain the project described in A above.
- C. Contact Persons – The Resource list should be updated yearly for accuracy and to reflect new participants, both in the Greater Attleboro/Taunton area and in any trial communities. This could be stored on state web pages that may wish to host this information.

